

Name
in
Full

alongo Bonder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>near Cayote corner</u> <u>Bethel</u> <u>Caroline</u> County				MARYLAND	
Date of death 1903	Month 5	Day 29	Years 54	Months 6	Days 20
Sex male	Color or Race white	Birth-place Chesapeake City Md.			
Married, <u>Widowed</u>	Occupation Farmer				
Name of Wife or Husband Mary Coree Simpson Bonder					
Father's Name Levi Bonder	Father's Birthplace Caroline				
Mother's Maiden Name Mary E. Bennett.	Mother's Birthplace North East Md.				
Name of person giving information Amzie M. Bonder	How related to deceased Sister				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Catarrhal Jaundise

How long about year
from history & can

Immediate

Stuck some malignant complication
resulting in colic

How long under my
care & weaker

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. Q. Karsner

Address

Chesapeake City Md.

Accident or Suicide?



Name
in
Full

Mary Jeannette Boulden

CERTIFICATE OF DEATH

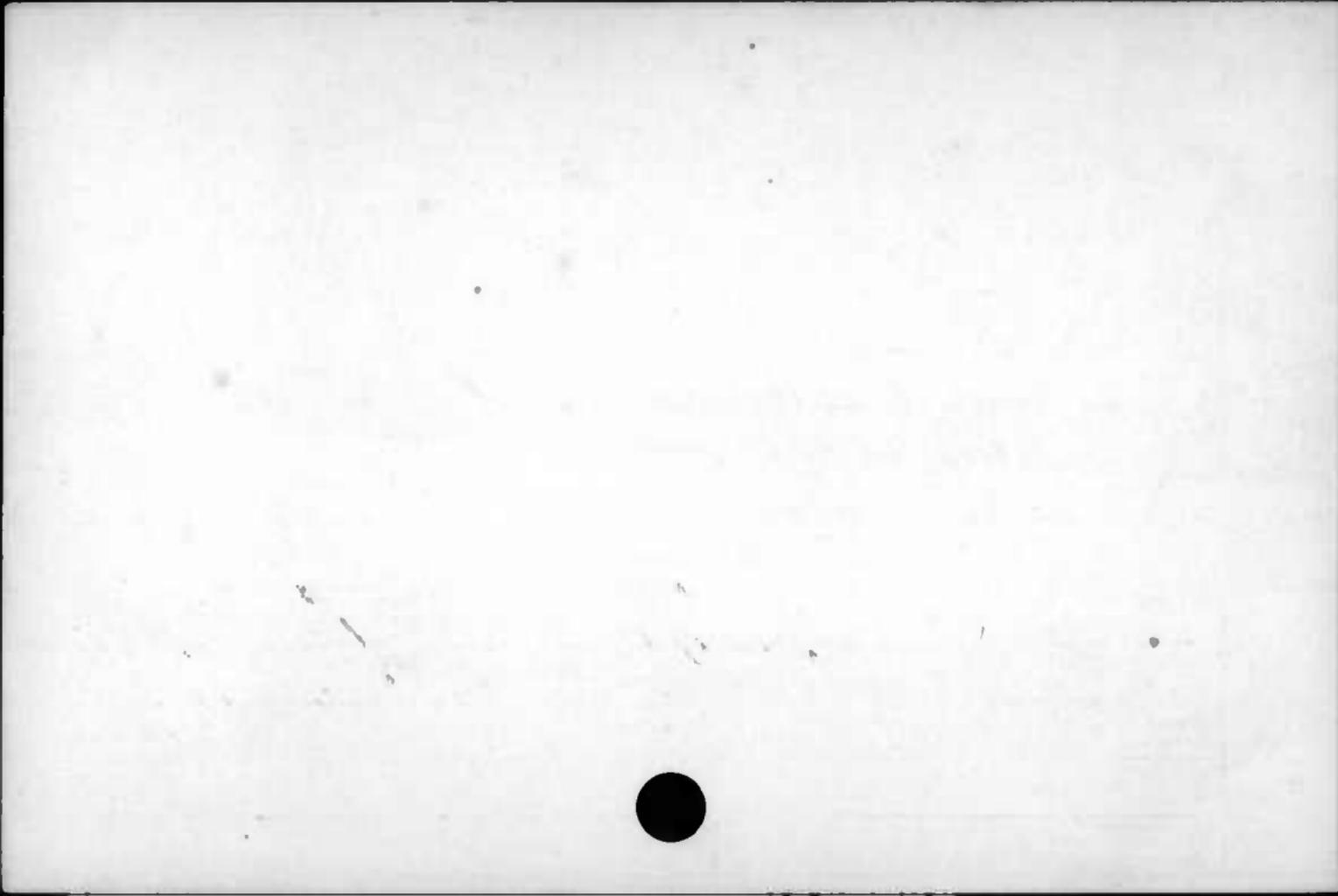
TO BE ANSWERED BY
NEAREST FRIEND

Town <i>Chesapeake City</i>	County <i>Cecil</i>	MARYLAND		
Died at	Month <i>May</i>	Day <i>18th</i>	Years <i>82 & year</i>	Months <i>Jan 4th</i>
Date of death 1903	Age	Color or Race <i>White</i>	Birth- place <i>Nearches City</i>	Days
Sex <i>Female</i>	Occupation <i>Maiden</i>			
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name <i>Richard B Boulden</i>	Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Dorcas Boulden</i>	Mother's Birthplace <i>Don't know</i>			
Name of person giving Information <i>Mrs Dorcas Jefferson</i>	How related to deceased <i>Piece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>	179	How long <i>5 minutes, or more</i>
Immediate <i>I reached in 5 minutes & found her dead</i>		How long <i>5 minutes, or more</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. G. Wallace M.D.</i>	Address <i>Chesapeake City Md</i>
Accident or Suicide?		



Name
in
Full

John Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 22	Age 83	Years 7	Months Days
Sex Male	Color or Race White	Birth-place Cecil Co			
Married, Single or Widowed Widower	Occupation Carpenter				
Name of Wife or Husband Ann McMillin					
Father's Name Alexander Boyd	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information Georgia Boyd	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's Disease	How long 2 years.
Immediate	Ephedrinum	How long 1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H E Clinton
		Address Post Deposit
Accident or Suicide?		



Gertrude Burns

Town

N. Euv

County

Cecy

MARYLAND

Died at

Month

Day

Y. M.

D.

Native of

42

Widow

Cecy E

Occupation

Date 1903

Male

7 May 9

White

Age
Married

42

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Samie Burn (42) Lacorne Phillips

Cause of

Primary

How long sick

Immediate

1 Year

Death

Accident, Suicide, Homicide

Reported by

DangreanB DuvalleauN Euv

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

—



—

Name
in
Full

Carrie A Culley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 24	Years 62	Months	Days
Sex Female	Color or Race white	Occupation housewife			
Married, Single or Widowed Married					
Name of Wife or Husband Robert A Culley					
Father's Name John Poole	Father's Birthplace Penn				
Mother's Maiden Name Emily Carroll	Mother's Birthplace Md				
Name of person giving information Robert A Culley	How related to deceased Husband				
CAUSES OF DEATH					

Primary Taberculosis 27 How long 2 years

Immediate same How long "

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address

George Gillespie
Pleasant Grove, PaPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Doctor Wright Daniels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	near Earleville	Cecil			
Date of death 1903	Month 5	Day 18	Age 33	Years	Months Days
Sex male	Color or Race white	Birth-place Cecil Co			
Married, Single or Widowed widower	Occupation Bushman on R.R.				
Name of Wife or Husband wife dead					
Father's Name George Daniels	Father's Birthplace Delaware				
Mother's Maiden Name May & Bronson	Mother's Birthplace Delaware				
Name of person giving information	27				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phtuius Pulmonary	How long	short time
Immediate	Pulmonary Hemorrhage	How long	20 minutes
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	E.W. Bradford	
	Address	Baltimore Md.	
Accident or Suicide?			



Name
in
Full

Annie Grady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Cecilton</u>		County <u>Cecil</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>5</u>	Day <u>23</u>	Age <u>54</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Cecil Co. Md.</u>			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	<u>Samuel G. Etherington</u>			Father's Birthplace		
Mother's Maiden Name	<u>Mary Etherington</u>			Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>13 nights diarrhea</u>	<u>120</u>	How long <u>two weeks</u>
Immediate	<u>Dropping + Heart failure</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. R. Bradford</u> Address <u>Cecilton</u>	
Accident or Suicide?			



Name
in
Full

Infant

CERTIFICATE OF DEATH

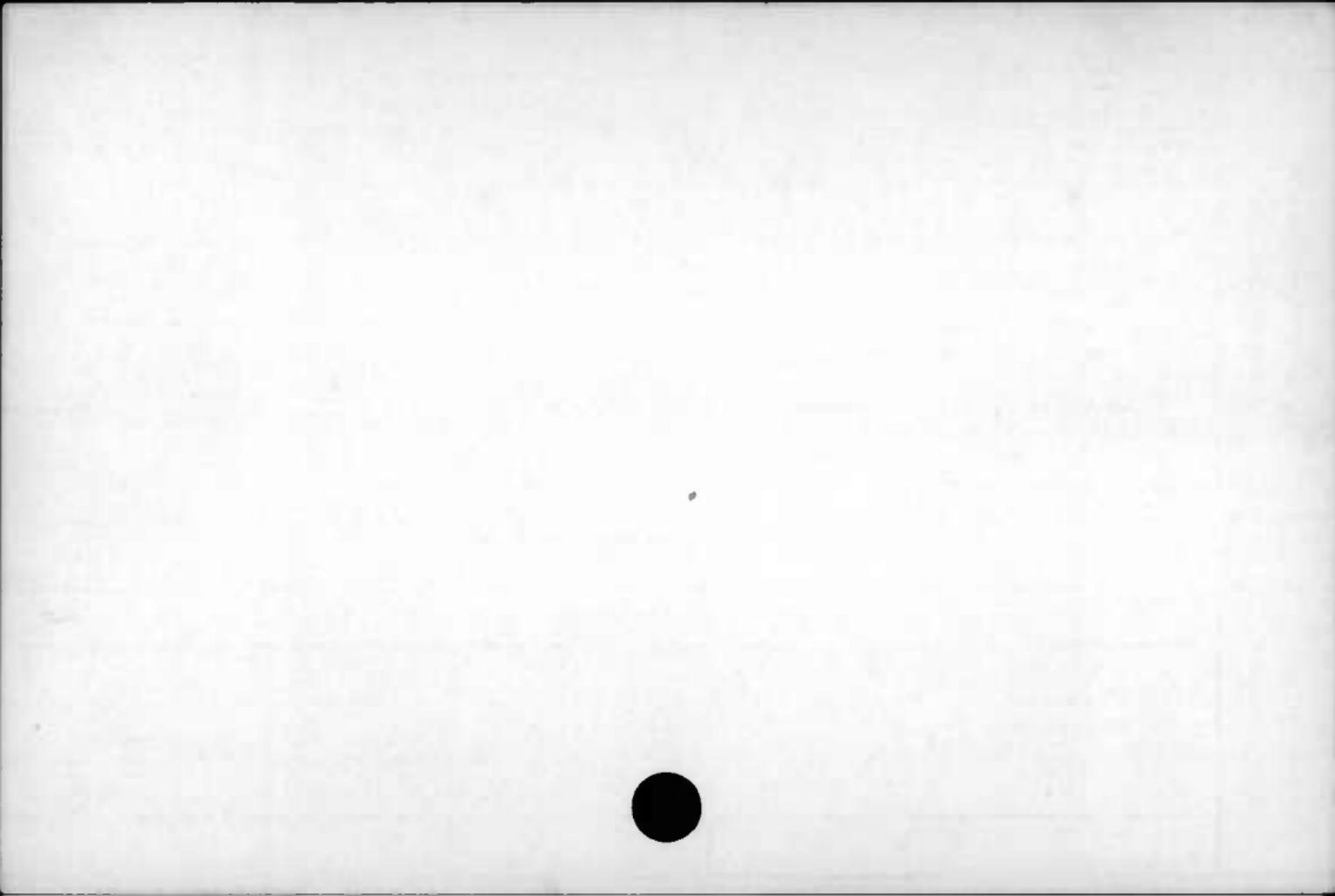
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 15	Years —	Months —	Days 3
Sex Male	Color or Race Colored	Occupation Colored	Birth- place Perryville		
Married, Single or Widowed —					
Name of Wife or Husband —					
Father's Name James Hawkins				Father's Birthplace —	
Mother's Maiden Name Mary Hill				Mother's Birthplace —	
Name of person giving Information Father				How related to deceased —	

CAUSES OF DEATH

Primary —	151	How long —
Immediate —		How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W C Jackson F D Address Blythdale Md	
Accident or Suicide?		



Name
in
Full

Charles M Holt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Near Leeds	Baltimore			
Date of death 1903	Month 5	Day 26	Age 16	Years	Months Days
Sex Male	Color or Race White	Birth- place Md			
Married, Single or Widowed	Single	Occupation			
Name of Wife or Husband					
Father's Name	John F Holt	Father's Birthplace	Md		
Mother's Maiden Name	Willicent Sniffers	Mother's Birthplace	Md		
Name of person giving Information	John F Holt	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Meningitis

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. D. Lawley Jr.
Elkton
Md.

Accident or Suicide?



Name
in
Full

Moses Kane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>May Ceullion</u>		County <u>Cecil</u>		MARYLAND		
Date of death 1903	Month 5	Day 3	Age 70	Years	Months	Days
Sex male	Color or Race <u>Negro</u>	Occupation		Birth-place <u>Cecil co</u>		
Married, Single or Widowed						
Name of Wife or Husband <u>Hennie</u>						
Father's Name				Father's Birthplace		
Mother's Maiden Name <u>Wat</u>				Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Central Hemmorage

How long

-

Immediate

48 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

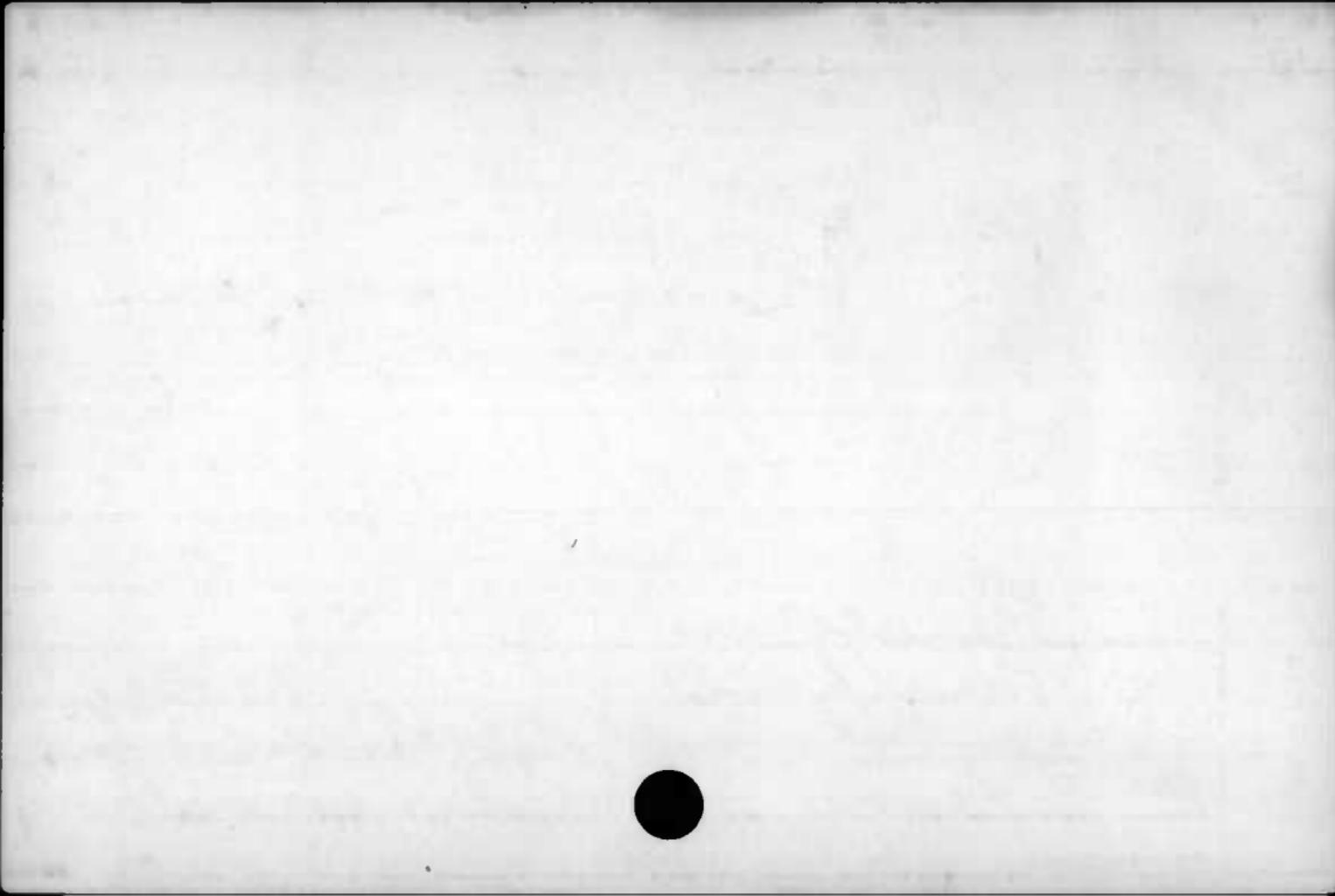
Address

E. N. Brownlow

Baltimore

Accident or Suicide?

No



Name
in
Full

William Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Calvert

30th

County

Cecil, Md.

MARYLAND

Date
of death 1903

Month

Day

Years

May Saturday

Age 85

Months

8

Days

4

Sex

Male

Color or
Race

Occupation

Colville

Birth-
place

Rising Sun

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

William Kirk

Father's
Birthplace

Rising Sun

Mother's
Maiden Name

Hannah B. England

Mother's
Birthplace

Calvert

Name of person giving
Information

Clifford Kirk

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr. Richardson

Yes

Address

Colvert - Md.

Accident or Suicide?



Name
In
Full

James Lane.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Chesapeake City			County	Cecil		
Died at	Month	Day	Age	Years	Months	Days	MARYLAND
Date of death 1903	May	17	Age	68	78	11	
Sex	Male	Color or Race	White	Occupation	Farm Hand		
Married, Single or Widowed	Widower						
Name of Wife or Husband	my Catharine Ward (a widow when he married her)						
Father's Name	James. Lane			Father's Birthplace	Don't Know		
Mother's Maiden Name	Ann Pearce			Mother's Birthplace	Can't tell		
Name of person giving Information	her son for Mr. Keenan			How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cystitis - Hyperthyroid & Prostate

How long

80+ years

Immediate

Irramic poison

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. T. Wallace

Chesapeake City Md.

100r

Accident or Suicide?

I had never attended the decease services when
last Edney - He had been an inmate of some
Institution a few years since - I think at Chester Pa.
He was an eccentric man, and spent almost
his entire pension on the purchase of Patent
Nurseries, published in the paper. Was also under
the care of a Doctor in Phil, who visited him a
few days previous to his death, but was ordered
from the door, by the family - When I was called
to see him had been suffering for some time with
reliefless pain - The catheter was obstructed by
thick mucus, and he was very much impeded
from regaining consciousness.

J. D. Wallace

Name
in
Full

Lucinda Litzenburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Elton</u>		Town <u>Elton</u>	County <u>Cecil</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>May</u>	Day <u>10</u>	Age <u>77</u>	Months <u>8</u>	Days <u>5</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Cecil Co</u>				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name <u>H. D. Litzenburg</u>	Father's Birthplace <u>Cecil Co</u>					
Mother's Maiden Name <u>Ada Kennedy</u>	Mother's Birthplace <u>Cecil Co</u>					
Name of person giving Information	How related to deceased <u>92</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bronch Pneumonia</u>	How long
Immediate	<u>Heart Failure</u>	How long

Are the name, age, sex, color, date and place correctly given above?

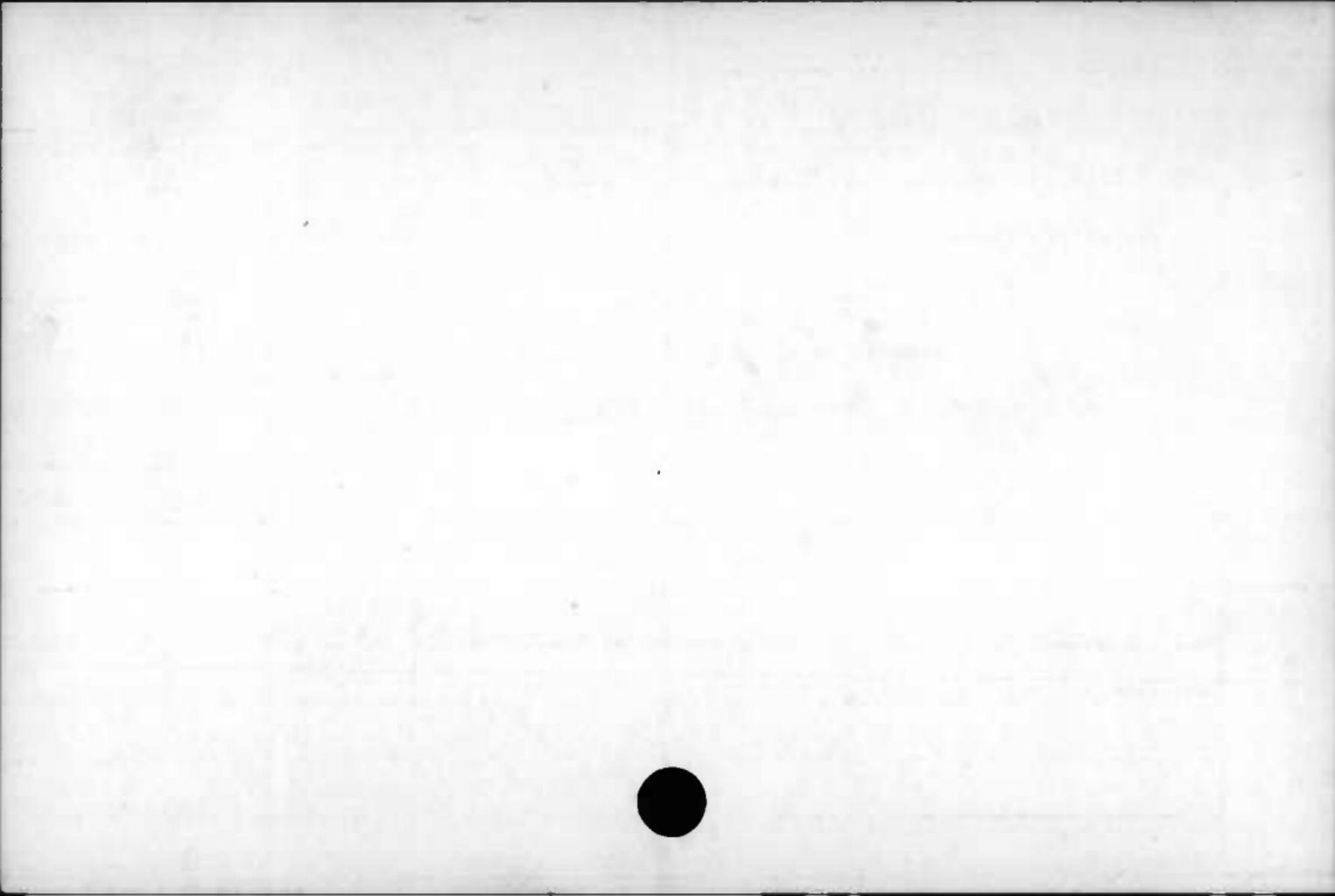
Signature of Physician

Address

yco

Dr. Cawley
Elton
Md.

Accident or Suicide?



Name
in
Full

Meta H. McCardell 6th Dist

CERTIFICATE OF DEATH

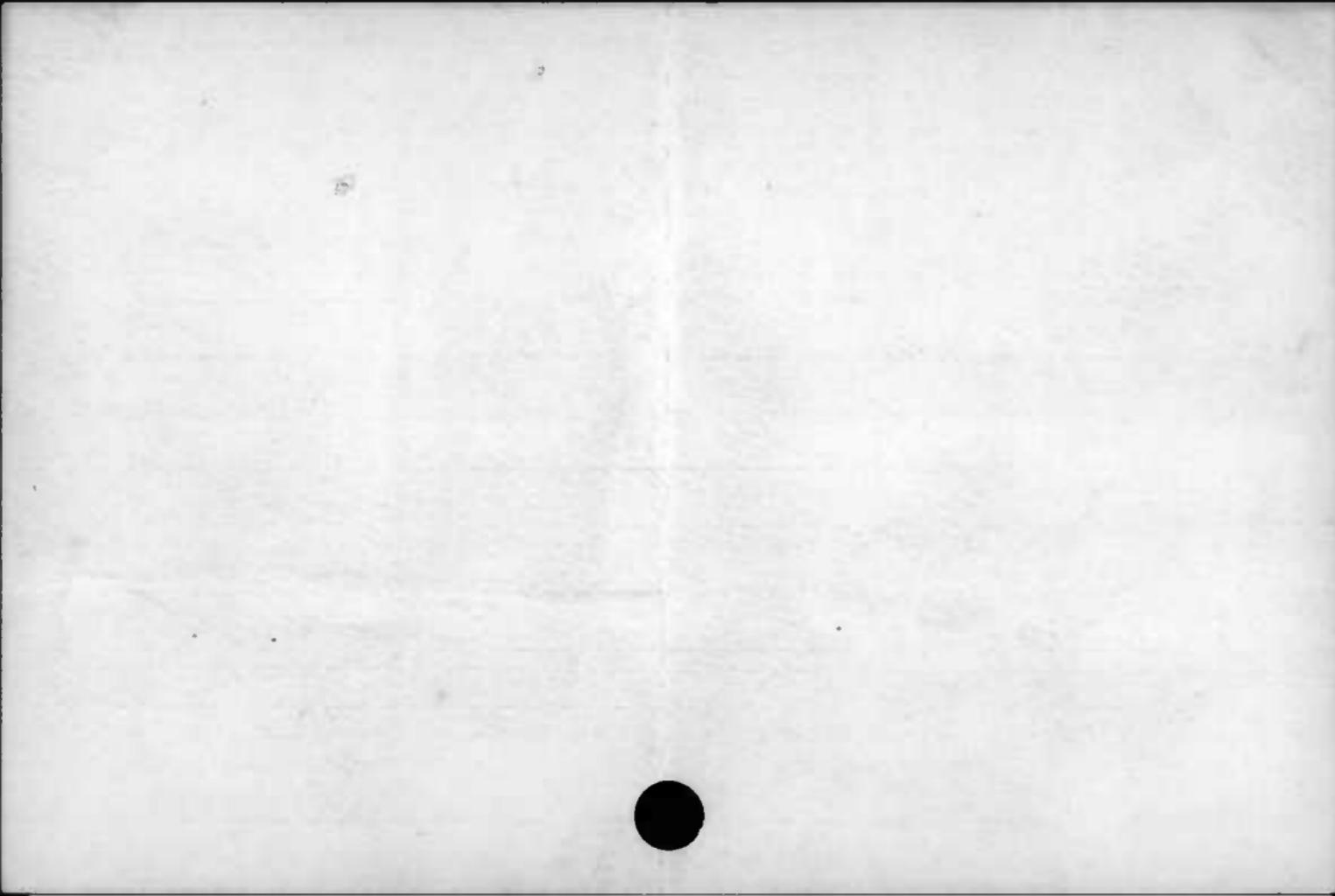
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month May	Day 11 th	Years 21	Months 4 Days 2
Sex Female	Color or Race White	Occupation	Birth-place	Liberty Grove
Married, Single or Widowed	Married			
Name of Wife or Husband	Ernest B H McCardell			
Father's Name	Stephen J Murphy			
Mother's Maiden Name	Phelia McKey			
Name of person giving information	J Arthur Murphy. 2			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Phthisis Pulmonalis		How long	One year
Immediate	Hemorrhage		How long	(Collapsed)
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ernest Rowland	
		Address	Liberty Grove	
Accident or Suicide?			Md	



Name
in
Full

Arthur Alexander McKnight Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Eckert	Cecil				
Date of death 1903	Month May	Day 9	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Eckert Md	
Married, Single or Widowed	Single		Occupation			
Name of Wife or Husband						
Father's Name	Arthur A. McKnight			Father's Birthplace		
Mother's Maiden Name	Mary Jones			Mother's Birthplace		
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Probably Premature - 151 How long 6 hours

Immediate Unknown How long

Are the name, age, sex, color, date and place correctly given above?

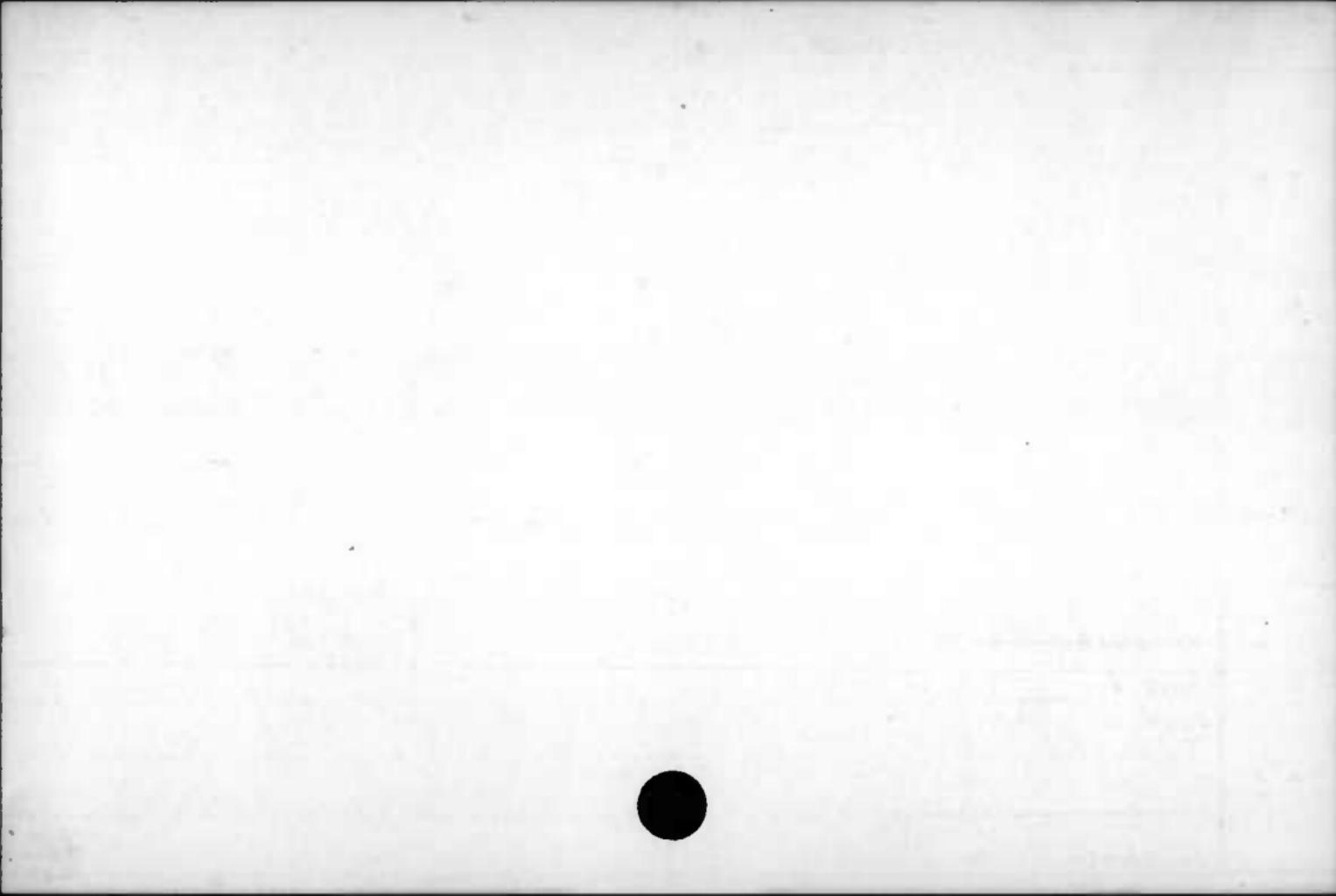
Signature of Physician

Address

H. Arthur Mitchell

Eckert.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Emma Hamor Mendenhall					CERTIFICATE OF DEATH		
Died at	Town	County		Estate			MARYLAND
Date of death 1903	Month May	Day 3	Age 70	Months		Days	
Sex Female	Color or Race White	Birth-place Hamorton Pa					
Married, Single or Widowed Widow	Occupation						
Name of Wife Husband	of Edwin Mendenhall						
Father's Name	Abraham Hamor			Father's Birthplace	+		
Mother's Maiden Name	Emma Hamor			Mother's Birthplace	+		
Name of person giving Information	W.H. Mendenhall			How related to deceased	Mother Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Broncho-Pneumonia 92

How long

15 days.

Immediate

.. ..

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

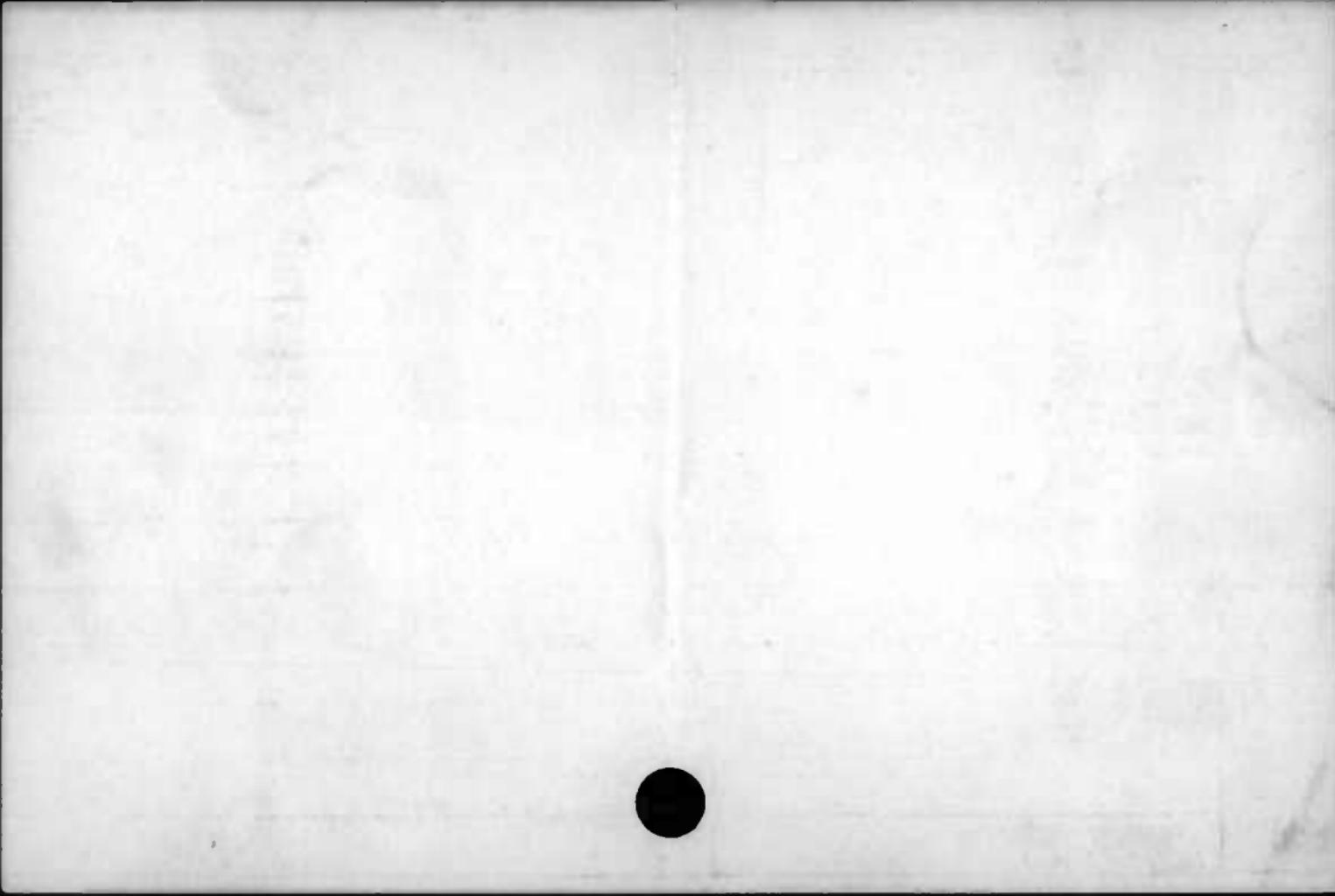
Signature of Physician

Address

Leah J. Miller

North East - R.A.D. & H.

Accident or Suicide?



Julia A. Richardson

Town
Rising Sun

County
Calvert

6th Dist

MARYLAND

Died at

Month
May

Day
16

M.
D.

Native of
Maryland

Occupation
Housewife

Date 1903

Male

White

Age
52

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living
6

Husband of

Wife

Granville Morrison

Father's Name

Joe Sommers

Mother's

Alma Swankhart

Maiden Name

Cause of Death

Primary

How long sick

Death

Immediate

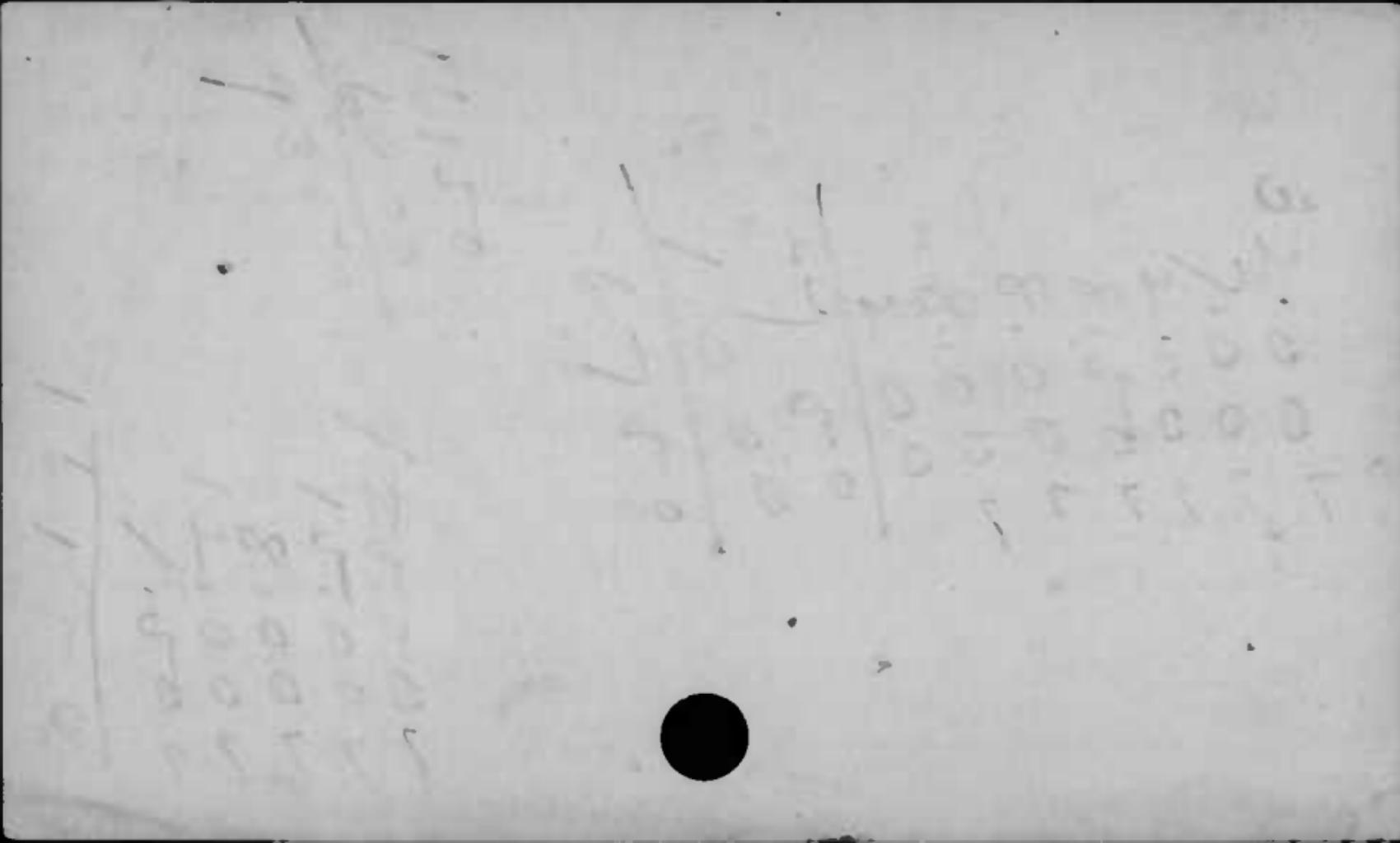
Accident, Suicide, Homicide

Reported by

John F. Jones
Coroner
P. O. Box 124

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm B Realey

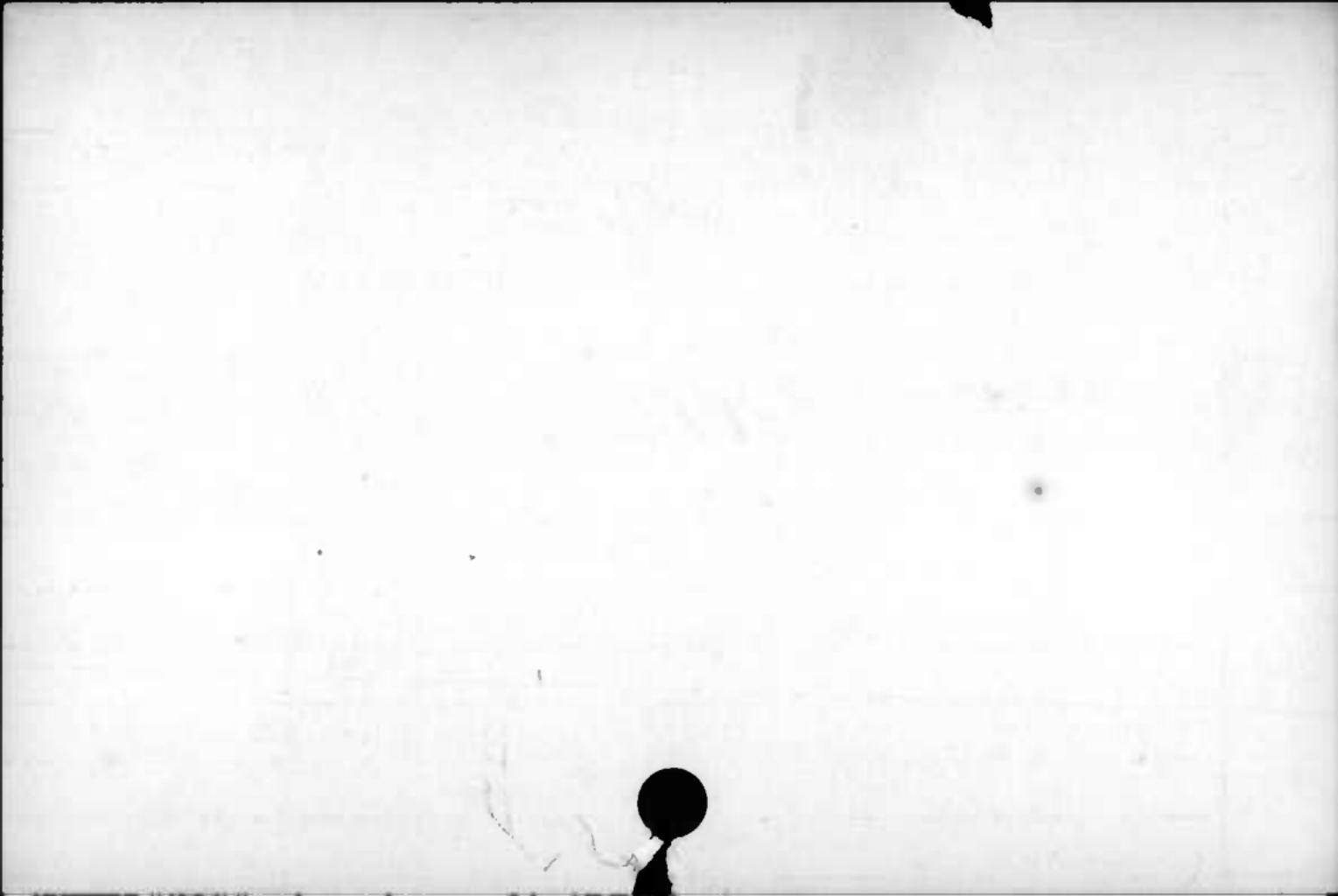
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Eltown</i>	County <i>Berke</i>	MARYLAND		
Date of death 1903	Month <i>May</i>	Day <i>23</i>	Age <i>75</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Md</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Retired Bay Captain</i>				
Name of Wife or Husband <i>Fusan Butter</i>					
Father's Name <i>Michael I Realey</i>	Father's Birthplace				
Mother's Maiden Name <i>Willicent Farley</i>	Mother's Birthplace				
Name of person giving Information <i>Jennie Realey</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary	<i>Arterio-Sclerosis</i>	How long <i>several years</i>
Immediate	<i>Gangrene foot - embolism</i>	How long <i>4 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Howard Bratton</i>
		Address <i>Eltown Md</i>
Accident or Suicide?		



Name
in
Full

Etta E. Rees

3rd death

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Marley Mills	Cecil			
Date of death	Month	Day	Years	Months	Days
1903	May	28	31	-	-
Sex	Female	Color or Race	White	Birth-place	Pa
Married, Single or Widowed	Married	Occupation	House wife		
Name of Wife or Husband	David J Rees				
Father's Name	Elasha Phillips	Father's Birthplace	Pa		
Mother's Maiden Name	Hannah A Morris	Mother's Birthplace	Pa		
Name of person giving information	David J Rees	How related to deceased	husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Lungs²⁷

How long

18 mo.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

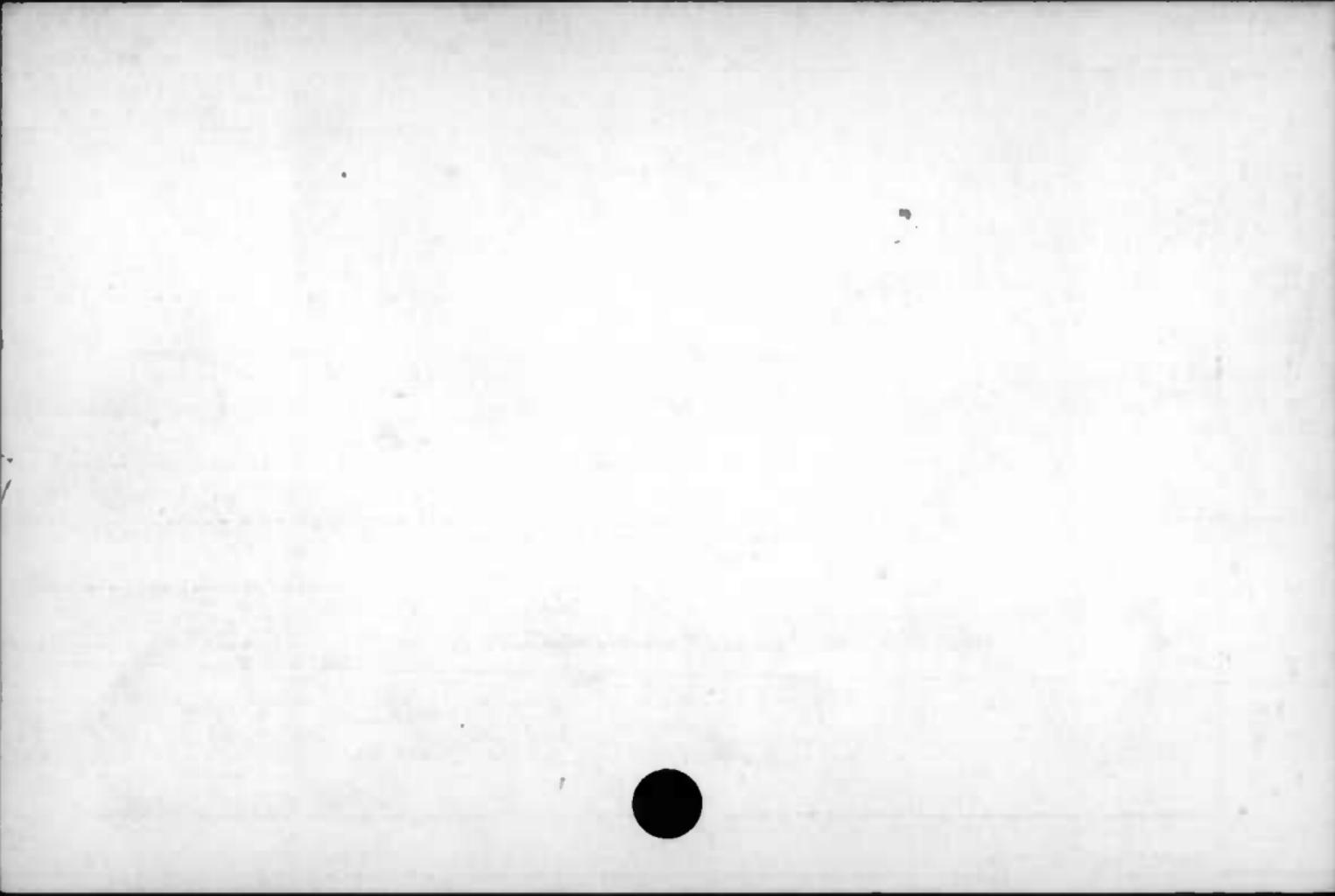
Yes

Signature of Physician

Address

H. Arthur Mitchell MD
Elkton Md.

Accident or Suicide?



Name
in
Full

Schaffee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 20	Age	Years	Months Hours Days
Sex	Female	Color or Race	White	Birth- place	Elkton
Married, Single or Widowed	Single	Occupation			
Name of Wife or Husband					
Father's Name	William Schaffer			Father's Birthplace	
Mother's Maiden Name	Maurie Corriden			Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Anencephalic — 150 How long

Immediate How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. Austin Mitchell M.D.
Elkton Md.

Accident or Suicide?



Name
in
Full

Eli Simpson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month May	Day 23	Years 40-45?	Months : Days :
Sex male	Color or Race Col.	Occupation	Birth-place	
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving Information	Hob.			How related to deceased

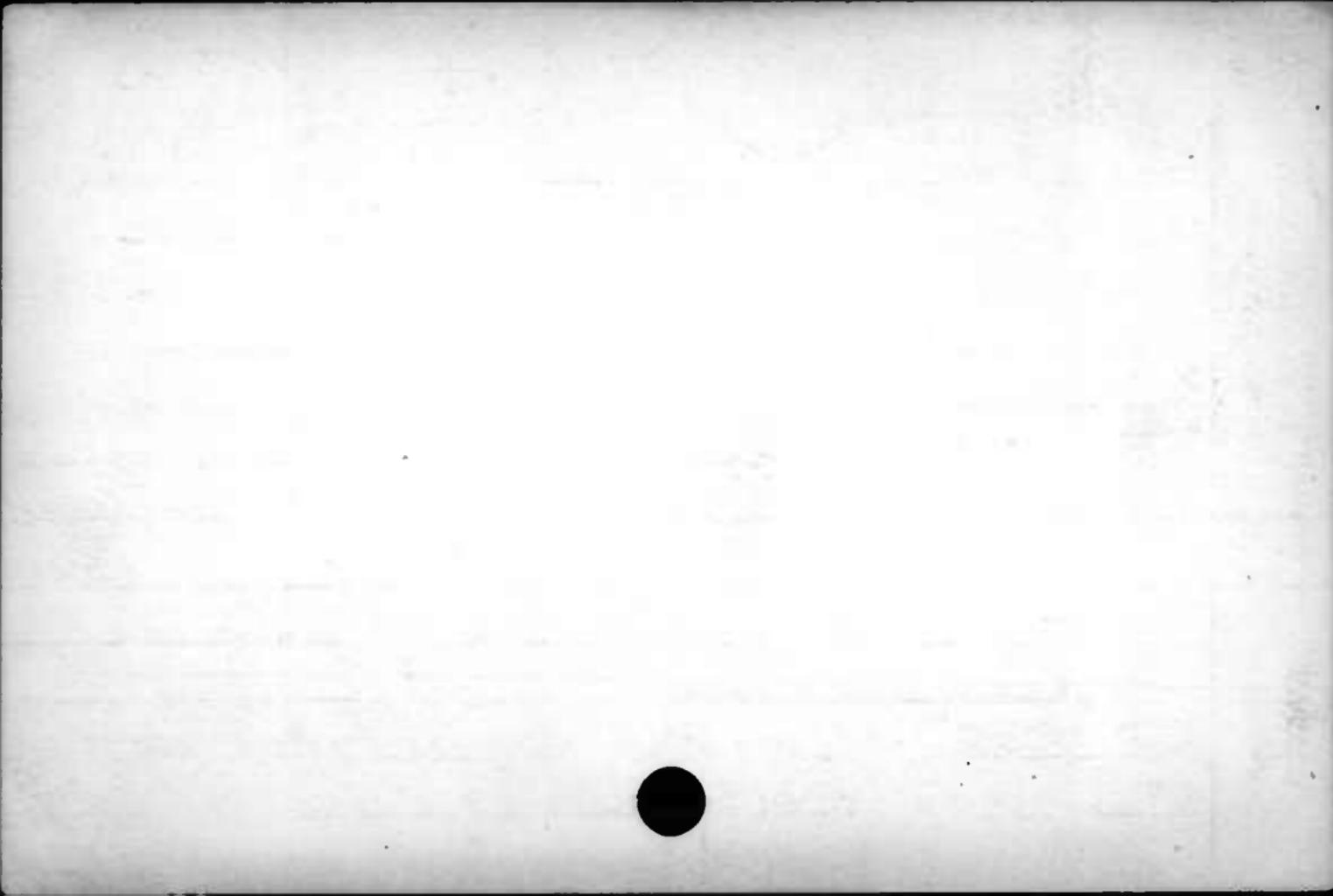
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	accidental death caused by	How long
Immediate	King run over with Car on E Bay St.	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yed.		Address

Accident or Suicide?

Accident



Name
in
Full

Miss Eugenia G. Swisher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Rowlandville	County Cecil	6th dit		
Date of death 1903	Month May	Day 13	Years 45	Months Dec	Days 20
Sex Female	Color or Race white	Occupation House work			
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Mr. Harvey Swisher				Father's Birthplace Rowlandville	
Mother's Maiden Name Mrs. C.A. Swisher				Mother's Birthplace Coatsville, Pa.	
Name of person giving Information Mr. W.P. Swisher				How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Pleurisy	94	How long Thru week
Immediate Exhaustion		How long _____
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Ernest. Rowland	
	Address Liberty Street, Md.	
Accident or Suicide		



Name
in
Full

Ernest Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	James Thompson			Father's Birthplace	Perryville
Mother's Maiden Name	Sadie Harris			Mother's Birthplace	Cecil Co
Name of person giving Information	James Thompson			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Decubition from lying,	How long	ten weeks
Immediate	105	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. W. Steepe
		Address	Perryville
Accident or Suicide?			



Name
in
Full

Lydia Mitchell Thornton

6th Dis

CERTIFICATE OF DEATH

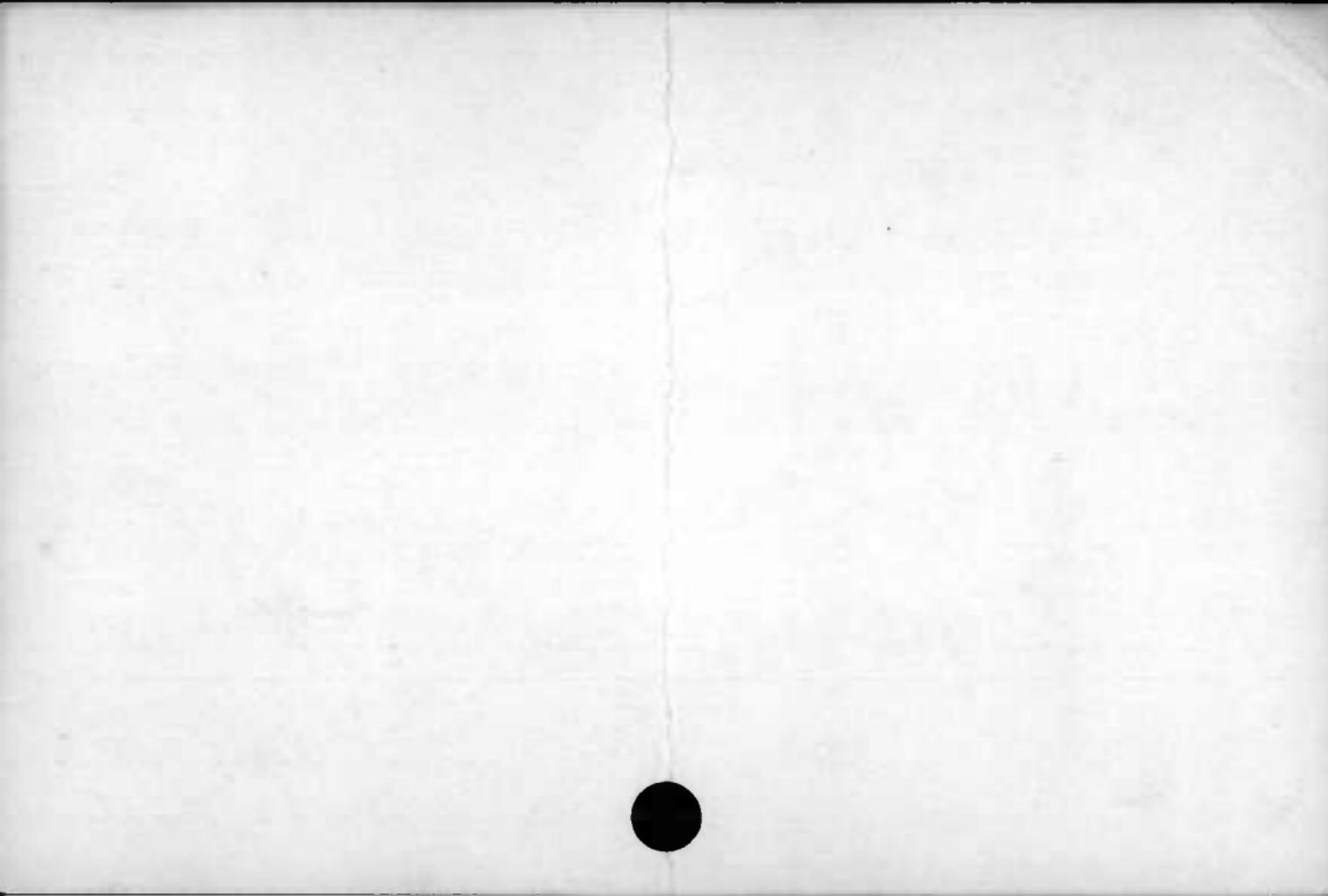
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Colora</i>	County <i>Cecil</i>	MARYLAND
Date of death 1903	Month <i>Fifth</i>	Day <i>Seventh</i>	Years <i>Age 80</i>
Sex <i>Woman</i>	Color or Race <i>White</i>	Birth-place <i>Nantucket, Mass</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>none</i>		
Name of Wife or Husband			
Father's Name <i>Daniel Thornton</i>	Father's Birthplace <i>Probably New Bedford</i>		
Mother's Maiden Name <i>Rachel Mitchell</i>	Mother's Birthplace <i>Nantucket</i>		
Name of person giving information <i>Mary Anna Balderson</i>	How related to deceased <i>1st Cousin once removed</i>		

CAUSES OF DEATH

Primary <i>General debility of old age</i>	How long <i>- - -</i>
Immediate <i>Bronchitis</i>	How long <i>ten days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John T Rose M.D.</i> Address <i>Oxford Pa -</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Vayhymning
Bank

3rd dist

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month May	Day 24	Years
Sex Female	Color or Race white	Age	Months 28 Days
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	Van hynning		
Mother's Maiden Name	Patten	8	Father's Birthplace Pa
Name of person giving Information	Van hynning		
	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. S. Whitehead
Cherry Hill, Md

Accident or Suicide?

86

Georgiana Webster

Town Pleasant Hill County Cecil
Died at (9th) MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	5	7	Age 41	10	Ind.		
	White		Married	Widow	Divorced		
Female	Colored		Single	Widower	Number of children living		

Husband of

Wife

Father's Name

John Amos Webster

Mother's Maiden Name

Sallie Webster

Cause of Death

Primary

How long sick

6

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

Ollie Ward 110

Address

Groton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



100
100

Name
in
Full

In Wilson

CERTIFICATE OF DEATH

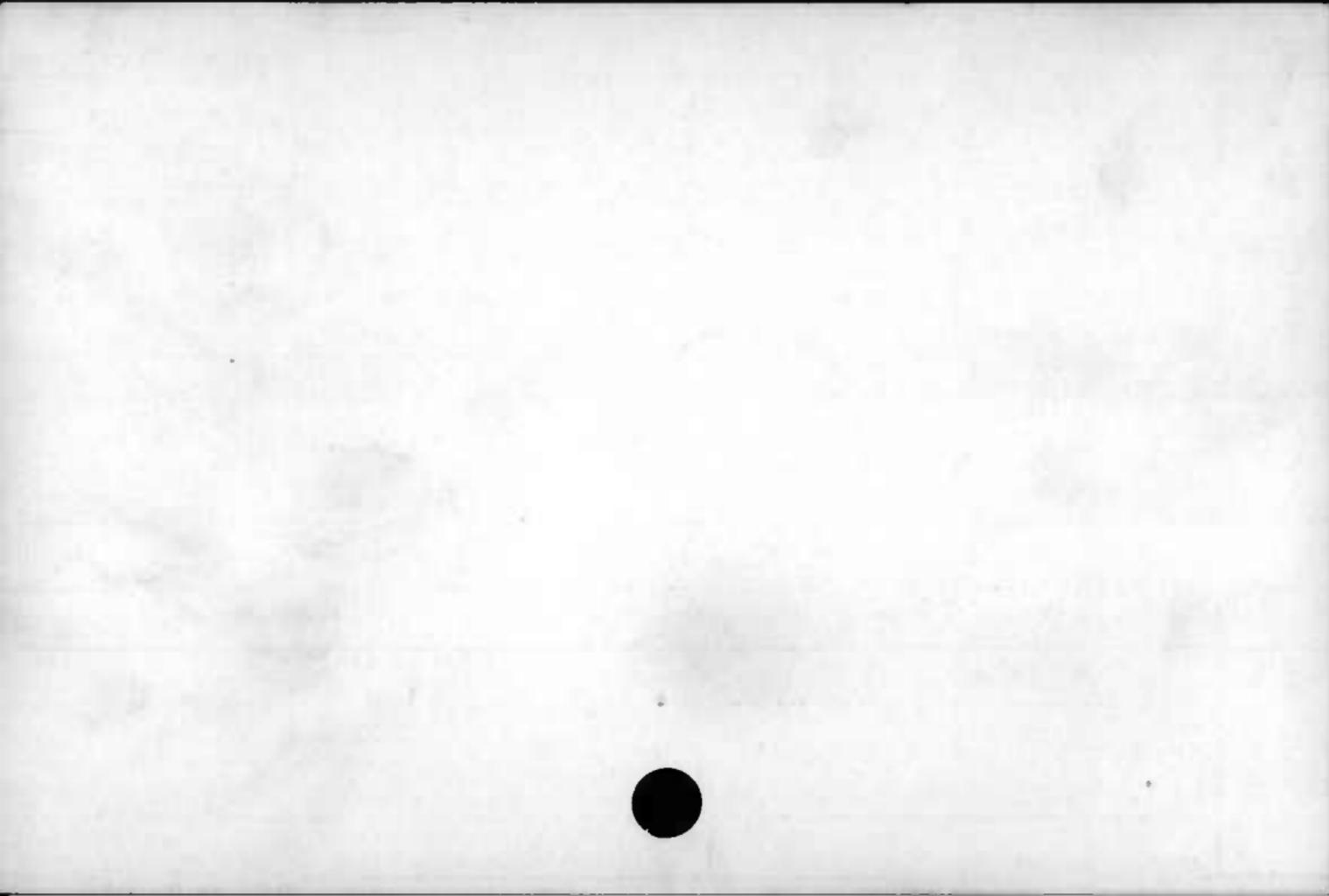
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 5	Day 28	Age Years	Months 15	Days
Sex Female	Color or Race Colored	Occupation Sister	Birth- place Elkton		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Wm D Wilson			Father's Birthplace		
Mother's Maiden Name Emmard Reed			Mother's Birthplace		
Name of person giving Information Wm D Wilson			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	8	How long	4 Wks
Immediate	Pneumonia	8	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician R. Arthur Mitchell MD	Address Elkton Md.	
Accident or Suicide?				



Name
in
Full

Frederick Miller Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	West Anwelle	Cecil			
Date of death 1903	Month May	Day 9	Years 1	Months 2	Days
Sex	Male	Color or Race	Colored	Birth-place	Cecil Co
Married, Single or Widowed	Single	Occupation			
Name of Wife or Husband					
Father's Name	Lawrence M. Wilson			Father's Birthplace	Cecil Co
Mother's Maiden Name	Mary V. Bradshaw			Mother's Birthplace	
Name of person giving information	Lawrence M. Wilson			How related to deceased	Halter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Tuberculosis	How long	8 mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Howard Bratton	
	Address	Elkton Md	
Accident or Suicide?			

